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Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 02/05/2016 B. WING ____ IL6004691

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ONE MASONIC WAY SULLIVAN, IL 61951

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
S 000	Initial Comments	S 000		THE RESERVE ASSESSMENT TO PERSON.			
	Annual Licensure and Certification Survey						
	Complaint #1660617/IL83158 - F323, 300.3100 d)2), 330.3620 g)		•				
S9999	Final Observations	S9999					
	Statement of Licensure Violations:						
	k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act) 1) To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used: 1) The facility shall determine the number of residents needing skilled or intermediate care. 2) The number of residents in each category shall be multiplied by the overall hours of direct care needed each day for each category. 3) Adding the hours of direct care needed for the residents in each category will give the total hour of direct care needed by all residents in the facility. 4) Multiplying the total minimum hours of direct care needed by 25% will give the minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 02/25/16 Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 02/05/2016 B. WING IL6004691 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER ONE MASONIC WAY MASON POINT SULLIVAN, IL 61951 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG S9999 Continued From page 1 S9999 10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period. These requirements are NOT MET as evidenced by: Based on record review and interview the facility failed to have ten percent of nursing and personal care time provided by a registered nurse for four of fourteen days reviewed for staffing. This failure has the potential to affect all 104 residents residing in the facility. Findings include: On 2/4/16, E1 (Administrator) provided a staffing spread sheet for the period 1/15/16 through 1/28/16 documenting a daily average of 13 skilled care residents residing in the facility and a daily average of 84 intermediate care residents residing in the facility. The calculated total daily staffing requirement equals 259.4 hours, with 26 daily hours required for Registered Nurses. The facility's spread sheet dated for the period 1/15/16 through 1/28/16 documents 12 hours for Registered Nurses on 1/16/16, 1/17/16, and 1/24/16, which is a shortage of 14 hours for Registered Nurses. The same spread sheet documents 20 hours for Registered Nurses on 1/23/16, which is a shortage of six hours for Registered Nurses. On 2/4/16 at 11:45 AM, E1 confirmed that the hours on the facility's staffing spread sheet were accurate and acknowledged the shortage of registered nurse hours. The Midnight Census dated 2/2/16 documents 104 residents reside in the facility. (B) Section 300.3100 General Building Requirements d) Doors and Windows 2) All exterior doors shall be equipped with a

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signal that will alert the staff if a resident leaves

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 02/05/2016 IL6004691 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER ONE MASONIC WAY MASON POINT SULLIVAN, IL 61951 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. Section 330.3620 General Building Requirements Every existing facility shall: g) Have each exterior door equipped with a signal that will alert personnel in the area if a resident leaves the building. Any exterior door that is supervised during certain periods during the day or night may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. These requirements are NOT MET as evidenced Based on observation, record review, and interview, the facility failed to adequately monitor the door alarm system to ensure the alarm system was operating as designed, and failed to supervise one resident (R21) out of three reviewed for elopement (leaving the building unnoticed) on a sample of 25. These failures allowed R21 to accomplish an unauthorized and unwitnessed exit from the facility, placing (R21) at risk for injury from exposure or trauma. Findings include: The Minimum Data Sets (MDS) for R21 dated 9/26/15 and 12/24/15 document R21 requires supervision of one staff member for locomotion off unit. The MDS dated 12/24/15 documents R21 had a Brief Interview for Mental Status score of 10 out of a possible 15, which is moderate cognitive impairment, while the MDS dated 9/26/15 documents R21 had a BIMS score of 13 out of a possible 15, which is cognitively intact.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6004691	B. WING		02/05/2016		
NAME OF	PROVIDER OR SUPPLIER	ONE MAS	DDRESS, CITY, S SONIC WAY N, IL 61951	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTION REFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE	
	R21's Care Plan da "may require verbal timesassist with ounitdo not allow ounsupervisedence non-skid footwear frambulation" The Physician Orde February 2016 doct diagnoses including Dementia, Delusion Insufficiency. The facility's Nurse' 12/18/15, 12/22/15, was experiencing of The facility's Nurse' am documents R21 and unauthorized experiencing of "I am sure that date dated 1/26/16) is an should be 1/27/16 at On 2/3/16 at 9:20 ar about a week ago in nightgown. They (far and warmed me up. so I asked a nurse. 'It's that way', I thoug door so I went throu anything there except that door too. When was cold, I couldn't gwalking around. I cower asked a nurse.'	ated 12/31/15 documents R21 Il cues for directions at doorways and ramps when off off unit ourage and assist in use of for all transfers and er Sheet for R21 dated uments R21 has medical g Depressive Disorder, hal Disorder, and Venous 's Notes for R21 dated and 12/23/15 document R21 recasional forgetfulness. 's Note dated 1/26/16 at 2:05 rexecuted an unwitnessed xit from the facility. m, E1, Administrator, stated, e (on the above Nurse's Note in incorrect entry, that date at 2:05 am." m, R21 stated, "I went outside in the cold, barefoot and in my recility staff) brought me back I was trying to find my room The nurse pointed and said ght she was pointing at the ugh the door. I didn't see pt another door, so I went out I realized I was outside and it get back in so I started buldn't find my way back, but rought me back. I was about	S9999				

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Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED. IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 02/05/2016 IL6004691 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER ONE MASONIC WAY MASON POINT SULLIVAN, IL 61951 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 once at 2:37 am and again at 2:41 am, and it worked both times. We were able to retrieve the video showing (R21) going out the door at 2:05 am, but I don't know why (R21) was able to get outside without someone seeing it." On 2/4/16 at 9:00 am, E6, Ward Clerk, stated, "I was working in the Medical Center the night (R21) got outside. I came on duty at 1:00 am. I received a call from the Villas about 2:15 am and (Z1) told me that (R21) was at the Villa ringing the doorbell. I called the nurse on the floors to do a head count and called (E1). When (E1) returned to the facility with (R21), (E1) tested the door alarm twice on that door and when the door alarm activated. I noticed there was three entries on the computer log, but there should have only been two entries, one for each of (E1's) two tests. That was the first I knew of the alarm at the time (R21) went out. I never heard the alarm nor saw the entry on the computer until (E1) did those tests. Normally, when a door alarm activates, I see it on the computer screen, then I have to acknowledge the log entry, then I would view the video that goes with that log entry, if the video shows a resident around the door, then I would call over the PA (public address system) for staff to go check the door. That night, I never saw the alarm, so I never announced for staff to go to the door to check it." The facility's Active Alarms by Date dated 1/27/16 documents an alarm log entry at 2:05 am. This Active Alarms documents two subsequent alarm log entries, one at 2:37 am and a second alarm at 2:41 am. The facility's Campus Map and actual measurements documents a distance of

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three-tenths of a mile from the Annex

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minimum floor space for a living room shall be 80

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